

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90033 025 ***150.00

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1. Entity Name
SHOP G-SPOT ENTERPRISES, INC.



Principal Place of Business
**812 CRESTRIDGE DRIVE
TARPON SPRINGS, FL 34689**

Mailing Address
**812 CRESTRIDGE DRIVE
TARPON SPRINGS, FL 34689**

24020626



02162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0442605

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KELVER, BENJAMIN D
812 CRESTRIDGE DRIVE
TARPON SPRINGS, FL 34689**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **KELER, BENJAMIN D**
STREET ADDRESS **812 CRESTRIDGE DR**
CITY-ST-ZIP **TARPON SPRINGS, FL 34688**

TITLE **VP**
NAME **FISH, TROY**
STREET ADDRESS **5618 E. COLONIAL DR**
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE **S**
NAME **HENIG, JAMES J**
STREET ADDRESS **5618 E. COLONIAL DR**
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE **T**
NAME **SHERIDAN, TIM**
STREET ADDRESS **2723 KOVALIS DR**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/04 **X727-639-7768**

Date

Daytime Phone #